

Signal Health Group  
333 N. Alabama Street  
Suite 218  
Indianapolis, IN 46204

**Letter of Medical Necessity**  
**Implantable Neurostimulator, Pulse Generator, any type**

Patient: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does the patient have a chronic, intractable pain?  Yes  No

Is there documentation in the patient's record conservative and/or medication therapies that have been tried and failed?  Yes  No

Diagnostic Information

Primary Diagnosis Code: \_\_\_\_\_  
Secondary Diagnosis Code: \_\_\_\_\_

Based on the patient's history, examination, and diagnosis below I'm prescribing:

L8679 Implantable neurostimulator, pulse generator, any type

Expected Benefits of/need for the Implantable neurostimulator relief of one or more of the following conditions:

- Back pain
- Cervical pain
- Fibromyalgia
- Migraines
- Chronic pain
- Sciatica
- Arthritic and joint pain
- Zoster related pain
- Localized and referred pain

Instructions for Use:

Frequency of use \_\_\_\_\_ times per week / month

Duration of treatment \_\_\_\_\_ weeks / month

Date of Examination: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's NPI: \_\_\_\_\_

Physician's Signature

Date